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		Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number
		10/5344352 11/30/2005 HOSSAIN ARVIN 3677 MENZES, MARCUS XA-10355

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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OR

Individual Name Address City Country Telephone	HOSSAIN ARVIN 1705-1723 Alberni St VANCOUVER CANADA 604-688 6267	State Zip Email	BC V6G 3G9 arvina@arvindesign.com
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I am the:  
 Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature Name Date	HOSSAIN ARVIN HOSSAIN ARVIN Sep 01-06	Telephone	604-688 6267
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		Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number
		10/5344346 04/21/2005 HOSSAIN ARVIN 3677 XP-10328

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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